

### Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identificat Number	iler Identification 815223499		Report Filed E	By Candid	te Committee Lobbyist			
Name of Filing Committee, Candidate or Lobbyist			NIDE all	Andre	Marta	N/		
Street Address	P.O. Box	(0133	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10.0.5 GF	710000	Horre	1	
City		ERIE		State	PA.	Zip Code	16512-	6133
Type of Report (Place x under report type)					e delinematicistics	er a promote to the		
1-6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3-30 Day Post 4-6 <sup>th</sup> Tue				5- 2 <sup>nd</sup> Friday	6-30 Day Post	7- Annual	Special 2 <sup>nd</sup> Friday	Special 30 Day
Pre-Primary	Pre-Primary	Primary	Pre- Election	Pre- Election	Election		Pre-Election	Post-Election
Date Of Election (MM/DD/YYYY)		11-07	Year	2017	Amendment Report		Termination Report	
Summary of Red	ceipts and	From Date	To Date	UNKERNING SHAPE STORY	STEPHEN SELLEN	For	Office Use Only	
Expenditures		10 00 00	7 1/ /	7 2012			onice ose only	
A. Amount Brou	ight Forward F	10-28-201	5	7-2017				<b>~</b> 1
			1128	44.04			VOT	2017
B. Total Moneta (From Schedule		ns and Receipts		00,00			西西	DEC
C. Total Funds A			\$ 5					
(Sum of Lines A				144.04	/႔™က က			
	D. Total Expenditures \$ (From Schedule III)							
E. Ending Cash B			5	155.00			4 35	<del>့</del> င့်
(Subtract Line D F. Value of In-Ki		ns Received	\$ 2,3	399.04	5 U			
(From Schedule	[[[[[] [[] [[] [] [] [] [] [] [] [] [] [	iis neceived	1	٥				വ
G. Unpaid Debts		ns	\$					
(From Schedule	IV)	THE BUT THE	- Welling -	O Affidavit Se	tion			
Part 1- If this is a C	ommittee report	t, treasurer sign he	ere. If this is a Can					
I swear (or affirm)	that this report,	including the attac				ge and belief tr	ue, correct and comple	te.
Sworn to and subs		. —	COMMONWEA	I TH OF DENI	NSVIVANIA .	(O)	18	
day of_	rscemps	20 \	NO	TADIAL OF AL		Lena	4 Moun	5 cm
1 July	Med		Katrina NStr	ohmeyer, Nota Erie, Erie Cou	ary Public	bora	I FOI	Luson
	Signature	00 001	My Commission	on Expires No	v. 28, 2020	Printed Name	e	
My Commission ex	Selection of the select	'd8 d01		_	814		60-077	
	МО.	DAY YR.		P	rea Code	Day	time Telephone Numbe	er
	Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.							
I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.								
Sware to and subsect Other and this								
Sworn to and subscribed before me this								
day of Loc. 20/7								
Lana R. Wiz L. ANDRO Signature of Candidate HORTON						_		
Signature Printed Name								
My Commission ex	Pires NOTAF	RIAL SEAL	UBLIC	_{5}	114	5	12-123	2
E	ERIE. ERIE C	OUNTY, PENI	VA.	А	rea Code	Dayti	me Telephone Number	5
MYC	COMMISSION EX	PIRES ON MARCH 1	19, 2018					

### SCHEDULE I

# Contributions and Receipts Detailed Summary Page

Filer Identification Number	815223499
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	AMERICAN	
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	Ð
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	2007	
Contributions Received from Political Committees (Part A)	\$	100.00
All Other Contributions (Part B)	\$	0
Total for the reporting period (2)	\$	100.00
3. Contributions Over \$250.00 (From Part C and Part D)	* con	
Contributions Received from Political Committees (Part C)	\$	O
All Other Contributions (Part D)	\$	ی
Total for the reporting period (3)	\$	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	No.	
Total for the reporting period (4)	\$	O
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$	\$ 100.00

#### PART A

## **Contributions Received From Political Committees**

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in  $\,$  the reporting period.

Filer Identification Number

C	315 223	499				
		Provide SET VIDEO ASSESSMENT OF REAL PROPERTY OF THE PERSON NAMED	THE RESERVE OF THE PARTY OF THE	CHARLEST MILITARY V. TORBY VIOLATION		Amount
Full Name of Contributing		A Turbor Service Control of Transaction		Date [MM/DD/YYYY]	\$	THE THE PERSON NAMED IN THE PARTY OF THE
	mittee to E	Elect Flori	E LEONE	11-6/2017		100,00
House #   Street Address	W. 32 nc	I ST.		Date [MM/DD/YYYY]	\$	
City ERIE	State PA	71 0 1	16508-2418	Date [MM/DD/YYYY]	\$	
	111					
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House # Street Address				Date [MM/DD/YYYY]	\$	
				-	1	
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing	SEC. BUILD SUPPLEMENT FOR S	CONTRACTOR STREET, TOTAL STREET,		Date [MM/DD/YYYY]	\$	Section of Section 1. The grade out the
Committee			Ì	bate printy == / /	1	
House # Street Address				Date [MM/DD/YYYY]	\$	
City	State	Zip Code		D-1- [8484/DD/WWV]		
	State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	er petalogianskipa suvrame
House # Street Address	-			Date [MM/DD/YYYY]	\$	
				•		
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing	THE RESERVE THE PROPERTY OF THE PARTY OF THE	CO CONTRACTOR OF THE PROPERTY	to a large complete state of the second	Date [MM/DD/YYYY]	\$	y utrevious processors as
Committee				Date [ming seq]	1	
House # Street Address			-	Date [MM/DD/YYYY]	\$	
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House # Street Address			-	Date [MM/DD/YYYY]	\$	
City	State	Zip Code		Date [MM/DD/YYYY]	\$	

#### PART B

### **All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	0,5072490
	815 223 779

Full Name of C	ontributor	to the first of the second of		Date [MM/DD/YYYY]	\$	
						0
House #	Street Addres	s		Date [MM/DD/YYYY]	\$	800
						0
City		State	Zip Code	Date [MM/DD/YYYY]	\$	O
Full Name of C	ontributor			Date [MM/DD/YYYY]	\$	
House #		1		D Issue lon linear		5
nouse #	Street Addres	S		Date [MM/DD/YYYY]	\$	Ó
City		State	Zip Code	Date [MM/DD/YYYY]	\$	0
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$	
House #	Street Addres			Date [MM/DD/YYYY]	\$	Ð
	Street Addres			Date (IMM/DD/1111)		0
City	TO PROPERTY OF THE PARTY OF THE	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co		NAME OF THE PARTY	CONTRACTOR OF THE STATE OF THE			
ruii Name oi Co	ontributor			Date [MM/DD/YYYY]	\$	
House #	Street Address	5		Date [MM/DD/YYYY]	\$	0
						0
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co	ontributor		CAN THE STATE OF T	Date [MM/DD/YYYY]	\$	0
House #	Street Address		-	Date [MM/DD/YYYY]	\$	0
nouse "	Street Address			Date [WW/DD/TTT]	3	0
City	454 NED DIVERSI	State	Zip Code	Date [MM/DD/YYYY]	\$	C)
	CONTRACTOR DESCRIPTION		150000000			0
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	0
						ව
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
		3.00			3.0	0

#### PART C

## **Contributions Received From Political Committees**

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:		THE THE PERSON NAMED IN COLUMN THE PROPERTY OF THE PERSON NAMED IN COLUMN T
8	5233499	

Full Name of Contributing Co	nittoo	With the second second		Date [MM/DD/YYYY]	\$	CONTRACTOR CONTRACTOR CONTRACTOR
	mmittee					
House #	Street Addre	ess		Date [MM/DD/YYYY]	\$	6
City						0
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Co	mmittee		The second section is the second second second	Date [MM/DD/YYYY]	\$	D
House #	Street Addre	SS		Date [MM/DD/YYYY]	\$	0
						0
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Co	mmittee	TO PARTITION OF THE PAR		Date [MM/DD/YYYY]	\$	
House #	Street Addres	ss		Date [MM/DD/YYYY]	\$	0
City		State	Zip Code	Date [MM/DD/YYYY]	\$	0
Full Name of	LOS SECTIONS SECTIONS					Ĉ
Contributing Con	mmittee			Date [MM/DD/YYYY]	\$	2200
House #	Street Addres	s		Date [MM/DD/YYYY]	\$	0
City	78.79.27.75	State	Zip Code	Date [MM/DD/YYYY]	\$	8
Full Name of Contributing Cor	nmittee			Date [MM/DD/YYYY]	\$	0
House #	Street Address	s		Date [MM/DD/YYYY]	\$	ව
City		State	Zip Code	Date [MM/DD/YYYY]	\$	6
				Date [mm/DD/1111]	3	
Full Name of Contributing Con	nmittee		DESCRIPTION OF THE PROPERTY OF	Date [MM/DD/YYYY]	\$	
House #	Street Address	5		Date [MM/DD/YYYY]	\$	<i>E</i> )
City		State	Zip Code	Date [MM/DD/YYYY]	\$	- 8
La Recta de Control de la cont						0

#### PART D

### **All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C)

Filer Identification Number:		Allered Total
	315223499	

Full Name of Co	ntributor	The second secon		Date [MM/DD/YYYY]	\$	
						0
House #	Street Address			Date [MM/DD/YYYY]	\$	C
						0
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
					100	O
Employer Name				Occupation		
Employer Mailin Principal Place o						
Full Name of Cor	STATE OF THE PARTY			Date [MM/DD/YYYY]	\$	
						NES I
House #	Street Address			Date [MM/DD/YYYY]	\$	0
				THE REAL PROPERTY OF THE PARTY		O
City		State	Zip Code	Date [MM/DD/YYYY]	\$	U
			Lip cour	Date [MINI DD] 1111]	- 3	<b>6</b>
Employer Name		22.45		Occupation		0
Employer Mailin	ng Address /					
Principal Place of	of Business					
Full Name of Cor	ntributor	A CONTRACTOR SECTION AND THE SECTION ASSESSMENT		Date [MM/DD/YYYY]	\$	ere (not recommended that the party of
						(40)
House #	Street Address			Date [MM/DD/YYYY]	\$	6
				Total September 1997		
City		State	Zip Code	Date [MM/DD/YYYY]		0
		State	Zip Code	Date [INIM/DD/1111]	\$	-
Employer Name		2,100.00	为于《中国的《A	Occupation	NEW YEAR	<u>ව</u>
Employer Mailing						
Principal Place of						
Full Name of Con	Water to the same of the same		to the state of th	Date [MM/DD/YYYY]	\$	Name of the Owner
				(2005) (\$40+\$ M15988 - 1079) 15 (3) 1102 10 5		
House #	Street Address			D 1 [2424   DD   10000]		6
Nouse #	Street Address			Date [MM/DD/YYYY]	\$	
						0
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
						0
Employer Name		_		Occupation	1.00	
Employer Mailing				100 C 100 C		
Principal Place of						

#### PART E

### **Other Receipts**

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer. Filer Identification Number:

Filer Identification	n Number:	15 223499	)	
MITTERNAL SUM	distribution of the state of th	15 16-7779	The same of the sa	
Full Name			to the second parties of a parties of	
House #	Ct ot Address			
100	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	ition	\$50,000		T
Full Name	Town to the second	A CONTRACTOR OF STREET		
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	tion			0
Full Name			The second section of the second	
House #	Street Address			
City	10	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	tion	323,624		0
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descripti	ion	1000000		)
Full Name			THE RESERVE OF THE PARTY AND T	NATIONAL TO BE THE STATE OF THE
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descripti	on		是是"在"的"	8
Full Name			Property of the Control of the Contr	
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	on			D

#### SCHEDULE II

## IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:	15223499	
UNITEMIZED IN-KIND CONTRIBUTIONS R	ECEIVED-VALUE OF \$50.00 OR LESS PER CONTR	IBUTOR
TOTAL for the reporting period (1)	)  \$	0
2. IN-KIND CONTRIBUTIONS RECEIVED-VALU	UE OF \$50.01 TO \$250.00 (FROM PART F)	7 (2)
TOTAL for the reporting period (2)	\$	Õ
3. IN-KIND CONTRIBUTION RECEIVED-VALUE	E OVER \$250.00 (FROM PART G)	
TOTAL for the reporting period (3)	\$	0
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING PERIOD (Add and enter amount totals from boxes 1 on Page 1, Report Cover Page, Item F)		0

#### SCHEDULE II PART F

### **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification Number:		
DESCRIPTION OF SHAPE SERVICE	815223499	
A STATE OF THE PARTY OF THE PAR	THE PERSON OF TH	

Full Name of Co	ntributor	THE STATE OF STATE OF	STATE STATE OF THE	Date [MM/DD/YYYY]	\$	
House #	Street Address	s		Date [MM/DD/YYYY]	\$	0
						0
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Co	ontribution					0
Full Name of Cor	ntributor	Diff.	CONTRACT AND INTERPOLATION OF THE P.	Data [MANA/DD/VVVVI		
run rume o. cc.	Minutor			Date [MM/DD/YYYY]	\$	W1
House #	Street Address	s		Date [MM/DD/YYYY]	\$	6
		A				0
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
-10	2000 £ 200 € 928301 € 7					8
Description of Co	ontribution					
Full Name of Cor	itributor	The second second second		Date [MM/DD/YYYY]	\$	
						0
House #	Street Address	3		Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	<u> </u>
			Zip couc	Date [wild] Dol 1111]	>	Ô
Description of Co	ntribution	(\$114 100 000				
Full Name of Con	itributor	WHEN THE STREET, SHE THE	A PARAMETER STATE OF THE STATE	Date [MM/DD/YYYY]	\$	
				■ 00.000 € 00.000 € 00.000 €		
House #	Street Address	s		Date [MM/DD/YYYY]	\$	D
				-		^
City	Part of the service	State	Zip Code	Date [MM/DD/YYYY]	\$	0
						0
Description of Co	ntribution					
Full Name of Con	tributor	CALCON ROOM SETS INCOME AND COME		Date [MM/DD/YYYY]	\$	
						$\bigcirc$
House #	Street Address	;		Date [MM/DD/YYYY]	\$	
						0
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Co	ntribution					0
	Itribution					

### SCHEDULE II

#### Part G

### **In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification Number:	0,5 522	The second state of the second
	015 223 499	

Full Name of Co	ntributor		PRINCES OF THE PARK OF THE PARK OF	Date [MM/DD/YYYY]	\$	Charles of the Control of the Control
						D
House #	Street Address			Date [MM/DD/YYYY]	\$	
						0
City	The state of the s	State	Zip Code	Date [MM/DD/YYYY]	\$	
					155	0
Employer Name				Occupation		
Employer Mailin Place of Busines	ng Address / Principal ss			Description of Contribution		
Full Name of Co	ntributor	- VIETE VALUE AND THE		Date [MM/DD/YYYY]	\$	A STOCKATION IN MATERIAL STATES
						(c)
House #	Street Address			Date [MM/DD/YYYY]	\$	O
						0
City	STALL VARIABLE	State	Zip Code	Date [MM/DD/YYYY]	\$	
						0
Employer Name	N. S.	Ši.	SAME BOOKER	Occupation		
Employer Mailin Place of Busines	ng Address / Principal s			Description of Contribution		
Full Name of Cor	ntributor	Company server	MERCHANIST CONTRACT CONTRACT CONTRACT OF THE PARTY.	Date [MM/DD/YYYY]	\$	
						7
House #	Street Address			Date [MM/DD/YYYY]	\$	0
					24.	0
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
					189	(Carties)
Employer Name		100 800		Occupation		0
	ng Address / Principal			Description		
Place of Business				of Contribution		
Full Name of Cor	ntributor	7 F S 1 F S 1 S S S S S S S S S S S S S S		Date [MM/DD/YYYY]	\$	HARRIST CHARLES
			2			O
House #	Street Address			Date [MM/DD/YYYY]	\$	
						0
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
						0
Employer Name			PROSERVATE AND THE PROPERTY OF	Occupation	240.0	
Employer Mailin	g Address / Principal			Description		
Place of Business	•			of Contribution		

## Statement of Expenditures

The state of the s	the months of the second of th
Filer Identification Number:	2
	8 IC 27 3 11 AG
	0 13 12 3 4 1 7

	The second second second second second	A STATE OF THE STATE OF THE STATE OF	Service of the later of the later of	AT THE PERSON OF	And the second s	The same of the sa
To Whom Paid	Andre	il T	. /		Date [MM/DD/YYYY] \$	
House #	Street Address				11-02-2017	95.00
319	Street Address	REEL	ST.		Description of Expenditure	
City	ERIE	State	Zip	11507	Fund Raiser Av	UD Dinner Tick
(Wiles)	ERIC	The Park	Code	16507	I reimburse 1	nents.
To Whom Paid					Date [MM/DD/YYYY] \$	
	CASS 3	Tohnson			11-02-2017	200.00
House #	13 Street Address	E 36			Description of Expenditure	
City	RIE	State	Zip Code	16504	GAS Carris reimburs	· · · · +
To Whom Paid	CONTROL MANAGEMENT	AND EDGES IN COLUMN	TYPE BEST ON CONTRACT F	A CONTRACTOR OF THE PARTY OF TH	Date [MM/DD/YYYY]   \$	zmeni
	Gem	city E	LKS		11-02-2017	60.00
House # 12	Street Address	E: 11+0			Description of Expenditure	
City	ERIE	CALL	Pa Zip Code	16501	DINNER TICK	KEts
To Whom Paid		Control China China Anna Anna Anna Anna Anna Anna Anna A	ALTERNATIVE AND IN CONTRACTOR	STEPS NO STEPS PROJECT	Date [MM/DD/YYYY]   \$	
	Cass	Johnson	$\sim$		11-25-2017	200,00
House # 124	Street Address	E36	,		Description of Expenditure	
C14 .	ERIE	State	Zip Code	16504	GAS Cards REIMDUR	coment
To Whom Paid		and the second			Date [MM/DD/YYYY] \$	Se vice (
House #	Street Address				Description of Expenditure	
City		State	Zip Code			
To Whom Paid	MICHELL COLUMN ACTUAL A	THE STREET STREET	PROPERTY OF THE PARTY OF THE PA	THE STATE OF STREET	Date [MM/DD/YYYY]   \$	TO THE REAL PROPERTY OF THE PARTY OF THE PAR
					Julie [min/20/1111]	1
House #	Street Address				Description of Expenditure	
City		State	Zip Code			
To Whom Paid	AND DAMES OF THE PARTY OF THE P	THE RESIDENCE OF THE PARTY OF T	Code		Data (SASA (DD (SOOR)	
To Whom I aid					Date [MM/DD/YYYY] \$	
House #	Street Address				Description of Expenditure	
City		State	Zip Code			
To Whom Paid			Code	CONTRACTOR OF COMMUNICATION	Date [MM/DD/YYYY] \$	
	ife te					
House #	Street Address				Description of Expenditure	
City		State	Zip			
			Code		1	I

### SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

F:1 11 1:0: 11 11	g of the reporting period.
Filer Identification Number:	· ·
	0 12 22 2 1100
	815 223 499
	THE PROPERTY OF THE STREET PROPERTY AND ADDRESS OF THE STREET PROPERTY OF THE STREET PROPER

Name of Credit	tor			DEF CHEET AC	Outstai	iding Balance of Deb
House #	Street Address		DATE DEBT INCU [MM/DD/YYY		\$	
City		State	Zip Code			O
Description of	Debt	EUROFIN	Code		0.00	
Name of Credit	cor			TO BY THE SHEET OF	Outstan	ding Balance of Deb
House #	Street Address		DATE DEBT INCUI		\$	
City		State	Zip Code			0
Description of [	Debt					
Name of Credit	or			GAE SCHOOL WASHING	Outstan	ding Balance of Deb
House #	Street Address		DATE DEBT INCUF		\$	
City		State	Zip Code			0
Description of D						
lame of Credito					Outstan	ding Balance of Deb
louse #	Street Address		DATE DEBT INCUR [MM/DD/YYYY		\$	
escription of D	eht	State	Zip Code			0
lame of Credito	or	THE RESIDENCE OF THE PARTY OF T	2000年1月2日(1900年)。1900年1月1日(1900年)。 1900年1月2日(1900年)	OLEO BOILD HAR W	Outstand	ling Balance of Debt
ouse #	Street Address		DATE DEBT INCUR [MM/DD/YYYY		\$	
ity		State	Zip Code			0
escription of De	ebt			2020	•	
ame of Credito	r		THE STATE OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND AD		Outstand	ing Balance of Debt
ouse #	Street Address		DATE DEBT INCURF [MM/DD/YYYY]		\$	
ty		State	Zip			